

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175448	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2015
NAME OF PROVIDER OR SUPPLIER ABERDEEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 17500 WEST 119TH STREET OLATHE, KS 66061		
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F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>The following citations represent the findings of a Health Resurvey.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 55 residents. The sample included 15 residents. Based on observation record review and interview the facility failed to develop a comprehensive care plan that addressed the medical diagnosis for one sample resident.</p> <p>- Resident #50's Electronic Clinical Record</p>	F 279			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1</p> <p>(ECR) revealed diagnosis that included Bipolar disorder (a mental disorder characterized by periods of elevated mood and periods of depression (extreme sadness, despair).</p> <p>The admission 2/19/15 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident's cognition was intact. The MDS recorded the resident had indicators of depression, required extensive assistance with most activities of daily living (ADL's and received Anti-psychotic medications (medication used to treat a variety of mental disorders including depression).</p> <p>The 2/19/15 Care Area Assessment (CAA) for psychotropic medications recorded the resident received Risperdal (anti-psychotic medication), and Depakote (an anti-seizure medication) sometimes used to treat mood disorders and depression.</p> <p>The resident's care plan updated 2/20/15 documented the resident's history of depression and bipolar mood disorder noted a goal the resident would not exhibit signs and symptoms of increased depression, and directed staff to perform the following interventions: interview the resident, who was new to the nursing facility. In the initial interview the resident said he/she was tired and had little energy.</p> <p>The care plan lacked documentation of interventions directed toward relief of the resident's signs and symptoms of depression.</p> <p>On 3/10/15 at 1:10 P.M. observation revealed the resident sat in his/her wheelchair in his/her room and watching television, the resident was alert</p>	F 279			

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F 279	Continued From page 2 and with a flat affects (a severe reduction in emotional expressiveness). Interview on 3/12/15 at 10:38 A.M. administrative licensed staff D stated staff should include specific and individualized interventions on the resident's care plan designed to reach resident goals. The facility indicated use of the Centers for Medicare Resident Assessment Instrument (RAI) 3.0 manual for guidance to develop and revise resident care plans. The facility failed to develop a comprehensive care plan with appropriate interventions for this resident with bipolar disorder and depression.	F 279			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280			

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F 280	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 55 residents. The sample included 15 residents. Based on observation, record review and staff interview, the facility failed to update the care plan of 1 resident(#24) for accidents, 1 resident (#80) for nutrition, and 1 resident (#66) for pressure ulcer.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - The Quarterly Minimum Data Set (MDS) for resident #24 dated 09/20/2014 revealed a Brief Interview for Mental Status (BIMS) score of 9 which reflected moderate cognitive impairment. He/She had no signs or symptoms of delirium. He/She had physical and verbal behaviors 1 to 3 days of the 7 day look back period. The resident required extensive assistance of 1 staff for bed mobility, transfers, locomotion, dressing, toileting, personal hygiene, and bathing; required set-up for eating, ambulated with a walker, and was occasionally incontinent of bladder and always incontinent of bowel. <p>The significant change MDS dated 12/20/2014 revealed the resident had a BIMS score of 9. He/She had no signs or symptoms of delirium. He/She had physical and verbal behaviors 1 to 3 days of the 7 day look back period. The resident required extensive assistance of 1 staff for bed mobility, transfers, locomotion, dressing, toileting, personal hygiene and bathing; required set-up for eating, ambulated with a wheelchair, and was occasionally incontinent of bladder and always</p>	F 280			

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F 280	<p>Continued From page 4</p> <p>continent of bowel. The resident had the ability to see in adequate light with glasses.</p> <p>The Care Area Assessment (CAA) for falls dated 12/20/2014 revealed the resident was at risk for falls related to a history of falls, dementia, confusion, and had increased unsteady balance with decline in functional status. He/She required extensive assistance for Activities of Daily Living (ADL's), used a walker and wheelchair for mobility. The resident had macular degeneration(progressive deterioration of the retina), wore glasses, and had poor vision. The Care Plan last updated 2/11/2015 revealed the resident was at risk for falls due to a past history of falls and fractures, impaired vision, impaired balance, psychotropic medication use, incontinence, arthritis, and osteoporosis. Staff completed a fall risk screen quarterly and as needed, ensured the resident's call light was within reach and reminded him/her to call for assistance, encouraged activity participation for cognitive stimulation, encouraged and assisted the resident to wear non-skid socks or shoes, and ensured the resident wore his/her glasses.</p> <p>The accident investigation dated 06/11/2014 revealed the resident had a fall. At approximately 6:20 A.M. staff heard the resident yelling in his/her room. Staff found him/her lying on the floor on his/her left side with the walker in front of him/her. There was no clutter in the room or wet floors. The resident had injury to his/her head and left thigh, went to the hospital, and was admitted.</p> <p>The Fall Risk Assessment dated 12/19/2014 revealed a score of 10 which indicated he/she was at risk for falls and required further assessment.</p>	F 280			

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F 280	<p>Continued From page 5</p> <p>A nurse's note on 02/11/2015 at 11:04 P.M. revealed the resident had an unwitnessed injury fall. Staff found him/her on the floor. The resident had a skin tear to the right side of his/her forehead.</p> <p>Observation on 03/11/2015 at 7:37 A.M. direct care staff R transferred the resident to his/her wheelchair. The resident wore Thrombo-Embo-lic-Deterrent (T.E.D. hose -- specialized compression stocking designed to help manage swelling of feet/legs), but not skid resistant socks or shoes. He/She was not wearing his/her glasses.</p> <p>On 03/11/2015 at 8:09 A.M. direct care staff S came into the living with the resident's shoes. His/her feet were too swollen to put his/her shoes on. Direct care staff S returned to the living room and applied slip resistant socks. The resident was not wearing his/her glasses.</p> <p>On 03/11/2015 at 11:52 A.M. the resident sat at the dining room table, not wearing his/her glasses.</p> <p>Interview on 03/12/2015 on 10:29 A.M. with licensed nursing staff H revealed resident's glasses were broken and the family did not want to replace them because the resident did not want to wear them, took them off, and broke them.</p> <p>Observation of direct care staff S on 03/12/2015 at 12:21 P.M. revealed the direct care staff toileted the resident, placed in a chair and gave him/her the call light. Direct care staff then asked the resident if he/she was comfortable before</p>	F 280			

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F 280	<p>Continued From page 6 leaving the room.</p> <p>On 03/12/2015 at 2:30 P.M. direct care staff P stated he/she checked the plan of care for a resident in the electronic charting record. Resident #24 was a fall risk and staff placed a foam mat on the floor when he/she was in bed, placed the call light in the resident's reach, and used a gait belt to transfer the resident.</p> <p>On 03/12/2015 at 2:33 P.M. licensed nursing staff H stated he/she updated the care plans when necessary.</p> <p>The Facility indicated use of the Centers for Medicare Resident Assessment Instrument 3.0 manual for guidance to develop and revise resident care plans.</p> <p>The facility failed to revise the care plan for this resident who did not wear glasses and had a history of falls.</p> <p>- Resident #80's Electronic Clinical Record (ECR) revealed diagnosis that included nutritional deficiency (a lack of vitamins and/or nutrients needed for the body) and dysphagia (difficulty swallowing).</p> <p>The 30 day admission Minimum Data Set (MDS) dated 2/17/15 documented the resident had a Brief Interview for Mental Status (BIMS) score of</p>	F 280			

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F 280	<p>Continued From page 7</p> <p>15 which indicated the resident's cognition was intact. The MDS recorded the resident required set up and supervision and cueing with meals, weighed 124 pounds and received diuretic medication (medication used to remove excess fluid from the body).</p> <p>The 1/27/15 Care Area Assessment (CAA) for nutrition recorded the resident received a mechanical soft diet with thin liquids, his/her medications with thickened liquids, and (carnation instant breakfast, CIB) supplement discontinued on 1/26/15.</p> <p>The resident's care plan updated 1/29/15 documented the resident received carnation instant breakfast three times a day between meals as a dietary supplement.</p> <p>Review of the clinical record revealed the resident refused the CIB shakes routinely through February and March 2015. On 3/10/15 the physician discontinued the CIB shakes and ordered the resident be given snacks three times a day.</p> <p>On 3/11/15 at 9:12 A.M. observation revealed the resident sat in the dining room with his/her spouse and a speech language pathologist and consumed 50 to 60 percent of his her meal.</p> <p>Interview on 3/12/15 at 10:38 A.M. administrative licensed staff D stated staff should immediately update resident care plans to reflect current and ongoing interventions.</p> <p>The facility indicated the use of the Centers for Medicare Resident Assessment Instrument (RAI) 3.0 manual for guidance to develop and revise</p>	F 280			

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F 280	<p>Continued From page 8 resident care plans.</p> <p>The facility failed to revise the comprehensive care plan to remove the discontinued dietary supplement for this resident with a nutritional deficiency.</p> <p>- The signed Physician's Order Sheet (POS) dated 2/26/15 for resident #66 revealed a diagnoses of an unstageable pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction), peripheral vascular disease (abnormal condition affecting the blood vessels), cerebrovascular accident (CVA) with left sided hemiparesis (sudden death of brain cells due to a lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain with muscular weakness of one half of the body), and protein-calorie malnutrition (a condition that occurred when your body did not get enough nutrients).</p> <p>The admission Minimum Data Set (MDS) dated 9/21/14 revealed the resident was unable to participate in a Brief Interview for Mental Status, a staff assessment of mental status score was 3 (severe cognitive impairment). The resident was totally dependent on 2 person assist with transfers, toileting, personal hygiene and bathing and needed extensive 2 person assist with bed mobility, and dressing. He/she was incontinent of bowel and bladder. The resident was at risk for pressure ulcers, admitted with pressure ulcers, and pressure ulcer devices were used in his/her chair and bed, and the facility used a nutrition/hydration regimen to manage the resident's skin problems.</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>The quarterly MDS dated 12/21/14 revealed the resident was unable to participate in a Brief Interview for Mental Status, staff assessment of mental status score was 3 (severe cognitive impairment); signs and symptoms of delirium revealed inattention and psychomotor (of or relating to movement or muscular activity associated with mental processes) retardation were continuous. The resident was totally dependent on 2 person assist with transfers, toileting, personal hygiene and bathing, needed extensive 2 person assist with bed mobility and dressing. The resident was at risk for pressure ulcers, admitted with pressure ulcers, required pressure ulcer devices in his/her chair and bed, and the facility used a nutrition/hydration regimen to manage the resident's skin problems.</p> <p>The urinary incontinence care area assessment (CAA) dated 9/23/14 revealed the resident was at risk for skin breakdown related to bowel and bladder incontinence and was totally dependent related to a history of CVA with left sided hemiparesis. He/she was on check and change toileting program. The resident admitted with bilateral unstageable heel pressure ulcers and a resolved stage 3 sacral ulcer.</p> <p>The updated care plan dated 12/24/14 revealed the resident required total dependence of 1 to 2 persons assistance with activities of daily living including bed mobility, transfers using a Hoyer (total body lift used to transfer residents) lift, and repositioning. Staff checked and changed the resident every 2 hours through the day and night using incontinence products, ensure they were on appropriately and changed as needed. The resident was at risk for alteration in nutrition</p>	F 280			

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F 280	<p>Continued From page 10</p> <p>related to total dependence of tube feedings due to dysphagia. The dietician monitored nutritional regimen monthly and as needed. The resident was at risk for pressure ulcers related to a history to both heels and a stage 2 coccyx wound, pressure relieving devices to wheelchair, air mattress on bed, pressure relieving boots to bilateral lower extremities when up in a wheelchair and float heels when lying in bed. Staff to assist him/her to reposition every 2 hours and as needed. Observe all devices used for positioning and pressure points on skin. Provide skin treatments as ordered. A licensed nurse to assess the resident's wound weekly, staff to monitor his/her wound for signs and symptoms of infection: increased drainage, redness, pain, heat or induration. Monitor the resident's wound dressing daily and document.</p> <p>The 9/11/14 Braden Assessment score was 15 indicating mild risk for pressure ulcers.</p> <p>The 12/20/14 Braden Assessment score was 14 indicating moderate risk for pressure ulcers</p> <p>The Admission/Resident-Data collection by nursing dated 9/11/14 revealed redness on the resident's coccyx area and a left heel wound.</p> <p>Observation on 3/10/2015 at 5:15 P.M. revealed the resident was up in his/her Broda chair with splints on both hands sitting in the activity room.</p> <p>Observation on 3/11/2015 at 8:35 A.M. the resident laid in bed on his/her right side, with the head of bed elevated to 30 degrees. At 10:33 A.M. the left heel was observed with eschar (dead tissue) and black sock fuzz adhering to the area. Licensed nursing staff S measured the</p>	F 280			

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F 280	<p>Continued From page 11</p> <p>eschar as 1.8 x 1.8 cm with no open area, redness or edema (swelling resulting from an excessive accumulation of fluid in the body tissues.</p> <p>On 3/11/15 at 2:15 P.M. to 2:30 PM the resident was up in his/her wheelchair in living room watching the activity staff play music and performed range of motion with other residents. Staff took the resident to his/her room and staff placed the resident in bed using a Hoyer lift.</p> <p>On 3/12/15 at 8:46 A.M. observed the resident lying in bed with eyes closed. The head of bed was elevated 30 degrees and both heels were floating.</p> <p>On 3/12/15 at 3:40 P.M. interview with administrative nursing staff E revealed the left heel wound was healed on 1/29/15 and the care plan should reflect this. . The floor nurse, he/she and the care plan coordinator updated resident care plans.</p> <p>The care plan lacked documentation of a healed left heel pressure ulcer on 1/29/15.</p> <p>The facility failed to update the resident's care plan for a healed left heel pressure ulcer.</p>	F 280			
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER ABERDEEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 17500 WEST 119TH STREET OLATHE, KS 66061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census 55 residents served from 1 central kitchen. Based on observation, interview, and record review, the facility failed to serve, store and prepare food in a sanitary manner and failed to store food at appropriate temperatures for 3 of 4 days on site of the survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 3/9/15 at 8:00 A.M. revealed a refrigerator on the preparation side of the kitchen with a temperature of 48 degrees Fahrenheit (F) in the top section and 52 degrees F in the bottom section. On 3/9/15 at 8:03 A.M. another refrigerator on the preparation side of the kitchen across from the ice machine had a temperature of 50 degrees F in the top section and 48 degrees F in the bottom section. On 3/9/15 at 8:05 A.M. the refrigerator across from the ice machine had a temperature of 44 degrees F. On 3/9/15 at 8:13 A.M. dietary staff DD entered the kitchen and wore a hair net in a way that did not cover all of his/her hair. Observation on 3/11/15 at 2:24 P.M. revealed a refrigerator on the preparation side of the kitchen 	F 371			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	<p>Continued From page 13 with a temperature of 48 degrees F.</p> <p>On 3/11/15 at 2:25 P.M. the refrigerator by the ice machine had a temperature of 48 degrees F.</p> <p>On 3/11/15 at 2:26 P.M. the walk in cooler had a temperature of 44 degrees F.</p> <p>On 3/11/15 at 2:44 P.M. dietary staff DD entered the kitchen and wore a hair net in a way that did not cover all of his/her hair.</p> <p>On 3/11/15 at 2:50 P.M. dietary staff EE tested the temperature of a pan of meatballs in the refrigerator by the ice machine and obtained a temperature of 52 degrees F.</p> <p>On 3/12/15 at 12:31 P.M. direct care staff Q prepared to serve lunch from the kitchenette on Aberdeen Plaza Neighborhood. He/she did not wear a hair net, uncovered the food on the steam table and was prompted by consultant staff GG to put on a hair net prior to obtaining temperatures of the foods.</p> <p>Review of the temperature logs for the refrigerator by the preparation area from January 2015 to March 2015 revealed temperatures of 47 degrees F on 1/5/15, 57 degrees F on 1/6/15, 46 degrees F on 1/22/15, 46 degrees on 2/12/15, and 48 degrees F on 2/15/15.</p> <p>Review of the temperature logs for the refrigerator by the ice machine from January 2015 to March 2015 revealed temperatures of 46 degrees F on 1/5/15, 48 degrees F on 1/16/15, 49 degrees F on 2/8/15, 48 degrees F on 2/12/15, 48 degrees F on 2/19/15, 49 degrees F on 3/1/15, 45 degrees F on 3/2/15, and 48 degrees F on 3/7/15.</p>	F 371			

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F 371	<p>Continued From page 14</p> <p>Review of the temperature logs for the walk in cooler from January 2015 to March 2015 revealed temperatures of 42 degrees F on 2/5/15, 43 degrees F on 2/12/15, 44 degrees F on 2/27/15, 43 degrees F on 3/1/15, 48 degrees F on 3/7/15 in the morning, and 50 degrees F on 3/7/15 in the afternoon.</p> <p>On 3/11/15 at 2:29 P.M. dietary staff FF stated staff checked the temperature of the coolers every morning and every evening and recorded it on the door and the temperature should range from 32 to 40 degrees F. If the temperature was not correct, he/she reported that to the maintenance man.</p> <p>On 3/11/15 at 2:33 P.M. dietary staff EE stated the cook checked the temperatures of the refrigerators at 5:30 A.M. and at 9:00 P.M. The temperature should stay below 39 or 40 degrees F. He/she acknowledged the temperatures of the walk in cooler, the refrigerator by the preparation area, and the refrigerator by the ice machine were elevated.</p> <p>On 3/11/15 at 2:51 P.M. dietary staff DD stated he/she expected staff to tell maintenance if the temperatures of the refrigerators was too warm and to transfer the food to another cooler.</p> <p>On 3/12/15 at 9:23 A.M. administrative nursing staff D stated he/she expected staff to wear hair nets in the kitchen in a way that covered all hair and expected staff to maintain the refrigerators with a temperature that did not promote bacteria growth.</p> <p>On 3/12/14 at 10:16 A.M. administrative staff A</p>	F 371			

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F 371	<p>Continued From page 15</p> <p>stated staff should maintain the refrigerator at a temperature to prevent food born illnesses. He/she stated all staff in the food processing area wore hair nets in a way that covered all hair.</p> <p>On 3/12/15 at 12:36 P.M. dietary staff DD stated dietary staff wore hair nets in the serving areas.</p> <p>The Hair Restraints policy dated 2011 provided by the facility revealed staff wore hair restraints in all food production, dishwashing, and serving areas.</p> <p>The Refrigerator/Freezer Temperatures policy dated 2011 provided by the facility revealed the employees insured all cold storage units were 41 degrees F or below.</p> <p>The facility failed to serve, store and prepare food in a sanitary manner and failed to store food at appropriate temperatures.</p>	F 371			